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CONFIRMATION NO. 6148

SERIAL NUMBER 10/721,691	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 0121	
APPLICANTS Karl Reinitz, Arnold, MD;					
** CONTINUING DATA ***** - none - <i>mca</i>					
** FOREIGN APPLICATIONS ***** - none - <i>mca</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/25/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met					
Verified and Acknowledged <i>Maureen C. Jones</i> Examiner's Signature <i>mca</i> Initials					
ADDRESS 32366					
TITLE Surgical suturing apparatus					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		